

RECEIVED
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
2022 DEC 14 PM 12:14

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

PEDRO CASTILLO,

Petitioner,

DECLARATION

&7:21-cv-11109-[PMH]

-against-

C.O. R.C. SNEDEKER; H.O. HENLEY;
Dir. VENETTOZZI, for S.H.U.
Defendants.

Pedro Castillo being duly sworn affirms and declares that:

1. I am the petitioner in the above entitled matter and as such am fully familiar with the facts and circumstances of this case.
2. Pursuant to the last court order, which directed this petitioner to serve each defendant certified/ return receipt, has been completed. I am enclosing copies of each certified mailing, as proof that I attempted and tried to serve each defendant as required by court order.
3. Please take notice that the only certified mailing that has not come back is that for C.O. R.C. Snedeker. It is unknown at this time what other address that C.O. Snedeker can be served at, as petitioner has no other known address for that defendant other than the GreenHaven C.F. address.
4. Petitioner respectfully asks this court to allow the case to proceed to trial, and any other further relief this court may deem proper, including any other court direction.

Sincerely yours,


PEDRO CASTILLO

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

DISBURSEMENT OR REFUND REQUEST

CELL LOCATION

NAME Pedro Castillo DATE 11-1-22 20 22

CODE TYPE			
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INCARCERATED INDIVIDUAL
NUMBER

9 3 A 1 3 9 3

"SHORT NAME"

P E 2 S

FIRST INITIAL
FIRST 3 OF LAST NAME

CHECK/ORDER NUMBER

--	--	--	--	--	--

RIGHT ADJUSTED WITH LEADING ZEROS

COMMISSARY PRODUCT GROUP

☐

AMOUNT \$

X	X	X			
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SENT TO CODE
(SEE TABLE B-6)
☐
ITEM
DESCRIPTION

Legal MAIL (CT/R/R)

SENT TO OR
PURCHASE FROM

LAST NAME	FIRST NAME	MI	SUFF
HENLEY	Comm. Hearing Officer		
ADDRESS		APT. NO.	
State Office Campus Bldg. #2			
CITY	STATE	ZIP CODE	
1220 Washington Avenue	ALBANY, N.Y.	12226	

I HEREBY ACKNOWLEDGE EXPENDITURE
OF THE AMOUNT TO BE DEDUCTED FROM
MY INCARCERATED INDIVIDUAL ACCOUNT.

APPROVED

(SOURCE AREA)

DATE

APPROVED

(BUSINESS OFFICE)

DATE

(INCARCERATED INDIVIDUAL SIGNATURE)

FORM 2706 (05/21)

Original - Business Office

Yellow - Approving Office

Pink - Incarcerated Individual

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Comm. Hearing Officer Henley
State Office Campus, Bldg. #2
1220 Washington Avenue
Albany, N.Y. 12226



9590 9402 7486 2055 3751 50

2. Article Number (Transfer from service label)

7020 1810 0000 2068 4067

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

PB

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

RECEIVED
NOV 08 2022

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
DISBURSEMENT OR REFUND REQUEST

CELL LOCATION

NAME Pedro Restillo DATE 11-1-22 20 22

CODE TYPE			
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INMATE NUMBER

93A1393

"SHORT NAME"

P E A S

FIRST INITIAL
FIRST 3 OF LAST NAME

CHECK/ORDER NUMBER

--	--	--	--	--	--

RIGHT ADJUSTED WITH LEADING ZEROS

COMMISSARY PRODUCT GROUP

--

AMOUNT \$

X X X . 7.35

SENT TO CODE
(SEE TABLE B-6)

--

ITEM
DESCRIPTION

Legal Mail (1/1/22)

SENT TO OR
PURCHASE FROM

LAST NAME	FIRST NAME	MI	SUFF
Venettozzi	D.		
ADDRESS		APT. NO.	
State Office Campus Bldg. #2			
CITY	STATE	ZIP CODE	
1220 Washington Avenue	Albany, N.Y.	12226	

I HEREBY ACKNOWLEDGE EXPENDITURE OF THE
AMOUNT TO BE DEDUCTED FROM MY INMATE
ACCOUNT.

APPROVED

(SOURCE AREA)

DATE

APPROVED

(BUSINESS OFFICE)

DATE

(INMATE SIGNATURE)

FORM 2706 (7/11)

Original - Business Office

Yellow - Approving Office

Pink - Inmate

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
D. Venettozzi, Dir. of S.H.U.
State Office Campus Bldg. #2
1220 Washington Avenue
Albany, N.Y. 12226



9590 9402 7409 2055 9376 56

2. Article Number (Transfer from service label)

7022 0410 0003 1594 1702

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

PB

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

NOV 04 2022

Mailroom

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

7022-0410-0003-1594-1702

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
DISBURSEMENT OR REFUND REQUEST

CELL LOCATION

104-55
B-Y-55

NAME

Pedro Castillo

DATE

11-1-22

20 22

CODE TYPE

--	--	--

INMATE NUMBER

9	3	A	1	3	9	3
---	---	---	---	---	---	---

"SHORT NAME"

P	C	E	S
---	---	---	---

CHECK/ORDER NUMBER

--	--	--	--	--	--	--

RIGHT ADJUSTED WITH LEADING ZEROS

COMMISSARY PRODUCT GROUP

☐

SENT TO CODE
(SEE TABLE B-6)

☐

ITEM
DESCRIPTION

Legal mail

X	X	X	X	X	X
---	---	---	---	---	---

*11/1/22
VOC & STAMP
FREE*

AMOUNT \$

SENT TO OR
PURCHASE FROM

LAST NAME	FIRST NAME	MI	SUFF
<i>Snedeker</i>	<i>R. C.</i>		
ADDRESS			
<i>P.O. Box 4000</i>			
CITY	STATE	ZIP CODE	
<i>Storville</i>	<i>N.Y.</i>	<i>12582</i>	<i>Greenland E. R.</i>

I HEREBY ACKNOWLEDGE EXPENDITURE OF THE
AMOUNT TO BE DEDUCTED FROM MY INMATE
ACCOUNT.

APPROVED

(SOURCE AREA)

DATE

[Signature]

APPROVED

(BUSINESS OFFICE)

DATE

Pedro Castillo
(INMATE SIGNATURE)

FORM 2706 (7/11)

Original - Business Office

*Yellow - Approving Office

Pink - Inmate

SING SING CORRECTIONAL FACILITY
354 HUNTER STREET
OSSINING, NEW YORK 10562

NAME: Juan Carlos No DIN: 93A1393

WESTCHESTER NY 105

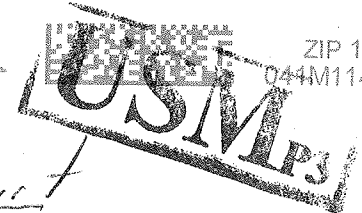
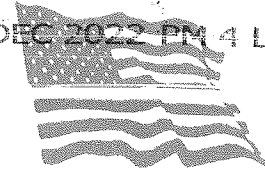
1 DEC 2022 PM 4 L

quadrant

FIRST-CLASS MAIL

12/01/2022

US POSTAGE \$000.57⁰



ZIP 10562
044M11470503

RECEIVED
SDNY 2023 OFFICE
12/01/2022
14:56 PM
207 DEC 1

To: clerk of the court
U.S. District Court
southern District of N.Y.
Moynihan U.S. Courthouse
500 pearl street
New York, N.Y. 10007-1316

10007-133099

